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ABSTRACT

The faculty achievements and challenges in an international nursing education project between two colleges are presented. In the spring of 1985, the University of Northern Colorado (UNC) and the University Autonomous of Benito Juarez of Oaxaca (UABJO), Oaxaca, Mexico, entered into an international covenant to develop a baccalaureate nursing program to prepare nurses to deliver health care to rural Oaxaca and to improve the baccalaureate nursing preparation of UNC nurse graduates to assure competent health care delivery to Spanish speaking persons. Methods for achieving these objectives included on-site program development consultation, cultural exchange of faculty and students, joint research, and provision of educational materials to the UABJO School of Nursing. Results of this project to date include: completion of a 4-year UABJO nursing program plan and implementation of the first-year curriculum; improved professional competencies of UNC nurse faculty and students in meeting the needs of Spanish speaking patients; and enrichment of the UABJO nursing program via receipt of instructional supplies. One of the most gratifying outcomes of the project is the establishment of strong professional and personal ties with colleagues of different cultures. The project findings are relevant for other college programs desiring to participate in international projects of health care and education. Contains 8 references. (Author/SM)

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AN INTERNATIONAL PARTNERSHIP IN HEALTH CARE AND EDUCATION

Donna Arlton and Marie Miller

In the spring, 1985, the University of Northern Colorado (UNC) and the University Autonomous of Benito Juarez of Oaxaca (UABJO), Oaxaca, Mexico entered into an international covenant to: 1) develop a baccalaureate nursing program to prepare nurses to deliver health care to rural Oaxaca and 2) improve the baccalaureate nursing preparation of UNC nurse graduates to assure competent health care delivery to Spanish speaking persons. This program was initiated at the request of the President of UABJO for assistance in preparing Mexican nurses competent to deal with severe rural health problems aggravated by a high birth rate and poor conditions of housing, sanitation and nutrition.

Methods for achieving these objectives included on-site program development consultation, cultural exchange of faculty and students, joint research, and provision of educational materials to the UABJO School of Nursing. Results of this project to date include: completion of a four year UABJO nursing program plan and implementation of the first year curriculum with 26 nursing students and baccalaureate level faculty, improved professional competencies of UNC nurse faculty and students in meeting the needs of Spanish speaking patients, and enrichment of the UABJO nursing program through receipt of instructional supplies.

The findings of this project are particularly relevant for other college and university programs desiring to participate in international projects of health care and education.

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AN INTERNATIONAL PARTNERSHIP IN HEALTH CARE AND EDUCATION

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Introduction

An important key to improving health in third world countries is our country's academic institutions which have a potentially significant, but so far underdeveloped, role in achieving improved health for all persons. The faculty's traditional roles of teaching, research and service can be applied in creative, productive and rewarding ways to improve primary health care in other countries. This article describes faculty achievements and challenges in the international nursing education project between the University of Northern Colorado (UNC) School of Nursing and the University Autonomous of Benito Juarez of Oaxaca (UABJO) School of Nursing. The project was designed to improve primary nursing health care in the rural state of Oaxaca, Mexico.

How It Began

The president of the UABJO was a physician whose goal was to improve the health care of rural inhabitants of the state of Oaxaca, the third poorest state in the nation of Mexico. The UABJO has a large technical level nursing program whose graduates are prepared for employment in suburban hospitals; however, they lack the primary health care skills necessary to provide health care in isolated, rural

areas of the state where there are neither physicians nor nurses. Therefore, planning for a baccalaureate nursing program whose graduates would provide primary care in the rural areas of Oaxaca was initiated. Because the UNC school of nursing has a well established rural nursing program and its graduates enjoy highly successful practice experiences in rural parts of Colorado, the president of the UABJO requested the development of an international covenant with the school of nursing.

The Covenant

The primary objective of the covenant was for UNC nurse faculty to assist UABJO school of nursing faculty to develop a baccalaureate nursing program to prepare nurses for practice in rural Oaxaca. Other objectives included providing opportunities for UABJO nurse faculty to obtain graduate degrees at UNC, initiating joint faculty research projects, and initiating a nursing student exchange program.

Implementing the Covenant

In spring, 1985, prior to beginning work on the baccalaureate nursing project, the dean of the college, the director of the UNC nursing program and two nurse faculty members made an initial two week exploratory visit to the UABJO nursing program. This visit was made to become better acquainted with the culture, the health care problems and the health care system of the region, and with the existing nursing program and its faculty.

The rugged state of Oaxaca is in southern Mexico, about an eight hour drive from Mexico city. Throughout the state ancient ruins lying alongside Spanish cathedrals serve as reminders of a magnificent pre-Columbian past. Dozens of Indian groups live in isolated villages in Oaxaca, as they have always lived, first resisting the influence of the Spanish and then the mixed-race culture of modern Mexico[1]. The differences are so great that inhabitants of one village may not speak the same language as that of its neighbor.

The estimated population of the state of Oaxaca is in excess of three million people with a birth rate that exceeds the number of deaths[2]. There is a serious problem with the lack of family planning, although the government has begun to emphasize the advantages of small families. Nutrition is poor resulting in various degrees of malnutrition, especially among children and pregnant or lactating women. Almost 60% of families live in severely overcrowded conditions; of the 29,900 households in the city of Oaxaca, 21% are without electricity, 51% are without piped water on tap and 44% are without sewage systems[3]. The predominant causes of morbidity and mortality among children less than 15 years of age include malnutrition, parasites and infections, the latter two occurring mainly in the digestive and respiratory systems[4]. Cancer and diseases of the circulatory system are predominant in females after age 25 and in males after age 45. Accidental injury resulting from manual labor is very frequent among males.

Health care is available through three avenues.[5] Some persons obtain health care from the public social security organizations for workers; many obtain it from the public governmental system which provides health care benefits for all individuals regardless of employment; and a minority of wealthier citizens avail themselves of care provided by private physicians. People living in rural areas use indigenous remedies[6]. Those who do not entirely trust the old or the new in health care may use a combination of all three systems. While hospitals, clinics and health care are available in the largest communities, they are virtually non-existent in the many small communities in rural areas.

In the state of Oaxaca, there are approximately 1,500 nurse aid level workers, 800 technical level nurses and less than a dozen baccalaureate level nurses (those who have the BSN); there are five times as many physicians as there are nurses. The vast majority of these health personnel are found in the city of Oaxaca. There are three technical nursing programs in the state (one at the UABJO) and one baccalaureate program in the implementation phase.

Upon our arrival at the UABJO, we learned that the nursing faculty had been serious students of American baccalaureate nursing education. They had studied numerous BSN programs and had become familiar with the curriculum development process. They developed a clear image of the program required to prepare nurses for meeting primary health care needs in rural Oaxaca, i.e., a generalist nursing program with a strong

emphasis on rural community nursing. They had also made significant progress developing the program's philosophy, conceptual framework, and program terminal behaviors as well as identifying courses with their major content areas.

During this initial visit, we used much of our time becoming acquainted with the UABJO nursing faculty assigned to develop the new BSN program, with their initial program conceptual framework based on the their philosophy of nursing and the health care needs of the region, and with major categories of nursing program course content. Together, we examined all courses with their proposed content, including general education courses, for their appropriateness to the conceptual framework. We also established a plan of work for the next year including specific tasks and expected dates of completion for continued development of the nursing curriculum and its courses.

Later in the summer, three of the UNC faculty who had visited the program earlier in the spring, traveled again to Oaxaca and worked intensely with the UABJO nursing faculty for one month to complete work on the program's philosophy, conceptual framework and terminal program behaviors. The course objectives along with the course content outlines were developed for all nursing courses in the curriculum. Since the program admitted its first group of 25 new students in the fall, the anticipated fall quarter nursing courses were developed in most detail. A plan was established whereby the UABJO faculty sent the remaining nursing course syllabi for review and comment to the UNC project faculty as they were completed and prior to course implementation in the new UABJO BSN program.

As stated previously, the primary objective of the covenant was to assist the nursing faculty of the UABJO to develop and implement a BSN program. A second objective was to assist UABJO faculty to obtain masters degrees at UNC. In the past year, a faculty member was identified and plans were completed for study at UNC after she completed a two week workshop and orientation to the university. Shortly thereafter, a completely unexpected set of events occurred. A student political uprising accompanied by gunfire shook the UABJO; the president of the university resigned and the faculty member was dismissed along with other members of the president's staff. However, no other nurse faculty were involved and the operation of both the technical and the baccalaureate nursing programs have continued uninterrupted. As a result of this situation, the objective for receiving UABJO faculty for study, and the objectives for joint faculty research and student exchange have been temporarily deferred.

The Challenges: What We Learned

Prior to our commitment to the Oaxaca project, we realized that we lacked adequate Spanish language skills. Only one of four of us could speak Spanish. Nevertheless, we were determined to succeed and we began intensive Spanish language training with a tutor for approximately two months prior to our first trip to the UABJO. Our tutor accompanied us on this trip and greatly facilitated our progress during nursing program planning and work session meetings with UABJO faculty. At the same time that we were intensely involved in mastering Spanish, the UABJO faculty were likewise working to improve their English language proficiency.

Feeling more confident of our Spanish by the time of our second visit to the UABJO, we went unaccompanied by a tutor. However, we used the services of a local Spanish interpreter during the times we worked with technical nursing program concepts and content. We discovered that we were able to communicate with greater ease than we had anticipated with our new-found Mexican friends, not only at the university, but in the local community as well.

We were surprised by the physical facilities of the existing UABJO technical nursing program and its resources. We learned that a nursing program could be successful even though it was housed in a sparsely furnished concrete structure which lacked floor covering or acoustical wall materials. Although it was summer, screens were absent from windows and mosquitoes buzzed through the rooms. Dogs were present everywhere and casually sauntered through the halls of the building.

Nurse faculty lacked offices, however, they shared a common workroom and the single telephone allocated to the school of nursing. Many students could not afford to purchase texts and they either rented or shared rented texts. They relied most heavily on classroom instruction provided by the faculty.

Classroom visual aids and clinical equipment for instruction of nursing fundamental skills were sparse; clinical equipment such as patient beds, infant incubators, and wheel chairs was of almost ancient vintage.

However, certain supplies such as dressings, intravenous materials, and medications were as up-to-date as those we are accustomed to using in American nursing programs. We found a similar situation in the Mexican hospitals we visited.

To assist the developing BSN program, we shipped large boxes of books and audio-visual and public health materials and equipment to them. The equipment is used by students and faculty use the texts and audio-visual materials as classroom resources even though they are written in English.

In this program, however, the more serious concern was the level of faculty preparation. The problem of under-education of nurse faculty exists in Mexico as well as in the United States; but the problem in Mexico is more severe.[7] At the time of our second visit during summer 1985, four of the six program faculty had just completed their BSN degrees. Of the remaining faculty, one was a public health physician and the other was a psychiatrist with a degree in nutrition. Neither taught clinical nursing content; the public health physician taught epidemiology and public health; the psychiatrist taught mental health and nutrition.

The level of educational preparation of these nurse faculty handicapped them in planning and implementing baccalaureate nursing content. Although the language they used in stating the conceptual framework, philosophy, course titles and descriptions, and content outlines was very similar to what one might expect in any American baccalaureate program, we found they had problems comprehending some components of

their program at a baccalaureate level. This is a problem that will likely exist until the faculty can become prepared at the masters level. However, progress must be evaluated within the cultural context in which it occurs. Movement from a technically prepared faculty teaching in a technical nursing program to baccalaureate prepared faculty teaching in a baccalaureate nursing program is great progress in a country where the vast majority of nursing personnel are prepared and function at the nurse aid level.

Positive Outcomes

Perhaps the most gratifying outcome from this project is that we have established strong professional and personal ties with colleagues of another culture and in so doing, we have broadened the horizons of two worlds ... theirs and ours. We learned each others' language; we shared knowledge of our cultures, our health care systems and our educational programs.

Throughout this project, UNC nurse faculty made systematic assessments of Mexican culture and customs, the Mexican health care system and Mexican health care problems. Using this information, we have incorporated significant amounts of new intercultural course content in the UNC nursing program to make it more responsive to the health needs of Colorado's Mexican population which represents approximately 14 percent of all Coloradoans.[8] In addition, students are strongly encouraged to take a year of Spanish language and arrangements have been made with the Spanish language faculty to incorporate Spanish medical terminology into the course. Several UNC nursing students are preparing for the student exchange program presently on hold.

To most of us, severe malnutrition, wide-spread health problems, lack of access to health care, and political dissension within a university are occurrences which happen in far-away places and which we read about in the newspapers, but which do not have much impact on us as individuals. We learned in a personal way in this project how severely disruptive such conditions can be to the lives and goals of countless numbers of individuals.

Summary

Participating in this international education experiment has been a challenging and rewarding opportunity. Our experiences have taught us that barriers of language and culture can be overcome with a strong commitment to goals.

We have achieved the primary objective of the covenant which was to assist the UABJO nursing faculty to develop a baccalaureate nursing program to prepare nurses for practice in the rural state of Oaxaca. Other long range objectives of the covenant which are to provide masters degrees for selected faculty, to engage in joint research activities and to establish student exchanges are temporarily deferred until the UABJO is again in a more stable condition. On the basis of our experiences, we strongly encourage others to become involved in international education projects designed to effect changes in the world health.

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